

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

07 - 04

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH FINANCING ADMINISTRATION
DEPARTMENT OF HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2007

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT:

a. FFY 07 \$ -0-

b. FFY 08 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A, pages 6, 8, 8a, 9, 10, 16 and 17 and
Appendix 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-A, pages 6, 8, 8a, 9, 10, 16 and 17 and
attachment 1

10. SUBJECT OF AMENDMENT:

Inpatient hospital reimbursement - DRG Grouper (24.0) update

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Paul Reinhart, Director
Medical Services Administration

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Paul Reinhart

14. TITLE:

Director, Medical Services Administration

15. DATE SUBMITTED:

March 9, 2007

16. RETURN TO:

Medical Services Administration
Program/Eligibility Policy Division - Federal Liaison Unit
Capitol Commons Center - 7th Floor
400 South Pine
Lansing, Michigan 48933

Attn: Nancy Bishop

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPE NAME:

22. TITLE:

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Methods and Standards for Establishing Payment Rates – Inpatient Hospital

15. Recognize area cost differences by dividing the charges for each hospital by an area cost adjustor factor. Hospitals are grouped by U.S. Census Core Based Statistical Areas (CBSAs) as determined by the Centers for Medicare and Medicaid Services for the Medicare program for wage data. Hospital geographic reclassifications made under Section 508 of the Medicare Prescription Drug Improvement and Modernization Act of 2003 will not be used to calculate the Medicaid area wage index. Each area cost adjustor is calculated as follows:

a. $\text{Cost Adjustor} = 0.71066 \times \text{Wage Adjustor} + 0.28934$

- 1) the cost formula reflects Medicare estimate of labor-related costs as a portion of total hospital costs as published in the federal register.
- 2) Each area wage factor is area wage per F.T.E. divided by the statewide average hospital wage per F.T.E. Medicare audited wage is collected using the source described in state policy for the rate-setting period in question. Contract labor cost, as defined by Medicare, are included in determining a hospital's wage costs. Physician Medicare Part B labor costs are excluded.
- 3) Each hospital's wage costs are adjusted for different fiscal year ends by multiplying the hospital's wage costs by inflation and weighting factors. All wages are brought to a common point in time.
- 4) For hospitals with cost reporting periods ending other than the end of a quarter, the inflation update for the quarter in which the fiscal year ends is used.
- 5) The wage adjuster is based on a three-year moving average with the most recent year weighted 60%, the second year weighted 24%, and the initial year weighted 16%
- 6) If two or more hospitals merged and are now operating as a single hospital, salary and wages are computed using the combined cost report data from all hospitals involved in the merger. Salary data will be inflated to a common point in time.

b. Indirect medical education (IME) charges are removed by dividing each hospital's adjusted charges by an IME adjustor. Each hospital's IME adjustor is calculated as follows:

$$1 + \left(\left(1 + \frac{\text{Interns \& Residents}}{\text{Beds}} \right)^{.5795} - 1 \right) \times 0.5005$$

- 1) The number of beds for each hospital is the average number of available beds for the hospital. Available licensed beds are limited to beds in the medical/surgical

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***Policy and Methods for Establishing Rates
Inpatient Hospital***

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- d. The adjusted cost for each episode is calculated by multiplying the adjusted charges for the episode by the inpatient operating cost to charge ratio.
 - 1) Each hospital's Title XIX operating cost to total charge ratio is obtained from the hospital's filed cost reports for the fiscal year ending in the second year of the base period. If the cost to charge ratio is greater than 1.0, then 1.0 is used.
 - 2) If two or more hospitals merge, and are operating as a single hospital, a cost to charge ratio for the period is computed using the combined cost report data from all hospitals involved in the merger. Cost and charge data will be inflated to a common point in time.
 - e. The average cost for episodes within each DRG is calculated by dividing the sum of the costs for the episodes by the number of episodes within the DRG.
 - f. The relative weight for each DRG is calculated by dividing the average cost for episodes within each DRG by the average cost per episode for all episodes. A table showing the relative weights, average lengths of stay, and outlier thresholds for each DRG is included in Appendix A.
 - g. Bring all charges for discharges to the applicable time period through application of inflation and weighting factors.

Data for current wage adjustors are taken from hospital cost reporting periods ending between September 1, 1999 and August 31, 2004. Each hospital's wage costs are adjusted for different fiscal year end dates by multiplying the hospital's wage costs by inflation and weighting factors. All wages are brought to a common point in time. Filed wage data is used for hospitals where audited data is not available. The following adjustment factors derived from the 1st Quarter 2006 Data Resources, Inc. PPS-Type Hospital Market Basket Index, employee cost component, are used:

Fiscal Year Ending	Wage Inflation Factors	Base Weighting Factors	Update Weighting Factors
9/30/99	1.2138	0.16	-
12/31/99	1.237	0.16	-
03/31/00	1.1928	0.16	-
06/30/00	1.1810	0.16	-
09/30/00	1.1684	0.24	-
12/31/00	1.1561	0.24	-
03/31/01	1.1432	0.24	-
06/30/01	1.1306	0.24	-
09/30/01	1.1176	0.60	0.16
12/31/01	1.1049	0.60	0.16
03/31/02	1.0929	0.60	0.16
06/30/02	1.0819	0.60	0.16
09/30/02	1.0723	-	0.24

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Fiscal Year Ending	Wage Inflation Factors	Base Weighting Factors	Update Weighting Factors
12/31/02	1.0636	-	0.24
3/31/03	1.0546	-	0.24
6/30/03	1.0457	-	0.24
9/30/03	1.0362	-	0.60
12/31/03	1.0268	-	0.60
3/31/04	1.0178	-	0.60
6/30/04	1.0088	-	0.60
8/31/04	1.0000	-	0.60

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For hospitals with cost reporting periods ending other than at the end of a quarter, the inflation update for the quarter in which the hospital's fiscal year ends is used.

B. DRG Price:

The episode file used for DRG price calculations is the same as the file used to set the relative weights with the following exceptions:

1. The episode file is limited to those hospitals enrolled as of a specified date.
2. The case mix is calculated using the sum of all relative weights assigned to each hospital's claims during the base period, divided by the total number of episodes for the hospital during the same period.
3. The adjusted cost for each hospital is summed.
4. The hospital specific base price (cost per discharge for a case mix of 1.00) is computed
 - a) Divide total adjusted cost by total number of episodes
 - b) Divide average costs by the case mix.
 - c) Multiply the result by the applicable inflation and weighting factors. Costs are inflated through the rate period. Inflation factors are obtained from the 1st Quarter 2006 Data Resources, Inc. PPS – Type Hospital Market Basket Index. The following inflation and weighting factors are used:

Fiscal Year Ending	Cost Inflation Factors	Weighting Factors
09/30/00	1.1111	0.16
12/31/00	1.1002	0.16
03/31/01	1.0882	0.16
06/30/01	1.0773	0.16
09/30/01	1.0674	0.24
12/31/01	1.0588	0.24
03/31/02	1.0517	0.24
06/30/02	1.0445	0.24
09/30/02	1.0370	0.60
12/31/02	1.0288	0.60
03/31/03	1.0189	0.60
06/30/03	1.0096	0.60
08/31/03	1.000	0.60

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Policy and Methods for Establishing Rates Inpatient Hospital

Rates will be adjusted by an inflation factor of 1.1335 for the period from August 31, 2003 to December 31, 2006.

5. Determine the DRG base price by:
 - a. Calculate each hospital's limited base price. This is the lesser of the hospital specific base price or the mean of all base prices, plus one standard deviation.
 - b. Calculate the statewide operating cost limitation. This is a truncated, weighted mean of all hospitals' limited base prices divided by base period discharges.
 - c. The lesser of the truncated mean or the hospital specific base price then becomes the DRG base price (before the cost adjustor and incentives are added) for each hospital.
6. Calculate any incentive. For hospitals with base DRG prices below the operating limit (truncated mean), the hospital's base DRG price is increased by adding 10% of the difference between the hospital specific base price and the limit.

Adjust each hospital's DRG base price, plus any incentive, by the updated cost adjustor. The updated cost adjustor is calculated, to reflect the most current data available, in the same manner as the base cost adjustor, except that:

1. Wage data is collected using the source described within State policy for the rate-setting period.
2. The wage and benefit inflation factors are derived from the employee cost component of the Data Resources, Inc. PPS – Type Hospital Market Basket Index relative to the period.
3. In the event that changes in federal regulations result in incompatible data between the base and update periods, adjustments are made either to the base or the update period to render the data comparable.
4. A budget neutrality factor is included in the hospital price calculation. Hospital prices are reduced by the percentage necessary so that total aggregate hospital payments using the new hospital prices and DRG relative weights do not exceed the total aggregate hospital payments made using the prior hospital base period data and DRG Grouper relative weights. The calculated DRG prices are deflated by the percentage necessary for the total payments to equate to the amount currently paid.

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Policy and Methods for Establishing Rates Inpatient Hospital

- 1) Multiply the cost per day by the applicable inflation factor. Each hospital's costs are inflated to a common point in time. Inflation factors were obtained from the 2nd 1st Quarter 2005 2006 Data Resources, Inc. PPS-Type Hospital Market Basket Index.

FTE	Cost Inflation Factors	Weighting Factors
09/30/01	1.1084	0.16
12/31/01	1.994	0.16
03/31/02	1.0920	0.16
06/30/02	1.0846	0.16
09/30/02	1.0768	0.24
12/31/02	1.0683	0.24
03/31/03	1.0581	0.24
06/30/03	1.0483	0.24
09/30/03	1.0384	0.60
12/31/03	1.0288	0.60
03/31/04	1.0202	0.60
06/30/04	1.0103	0.60
08/31/04	1.0000	0.60

Rates will be adjusted by an inflation factor of 1.0916 for the period from August 31, 2004 to December 31, 2006.

The inflation update for the quarter in which the hospital's fiscal year ends is used.

- 2) Recognize area cost differences by dividing the cost per day for each hospital by an area cost adjustor factor. Hospitals are grouped by U.S. Census Core Based Statistical Area (CBSAs) as determined by the Centers for Medicare and Medicaid Services for the Medicare program for wage data. Hospital geographic reclassifications made under Section 508 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 will not be used to calculate the Medicaid area wage index. Each area cost adjustor is calculated as follows:

- $\text{COST ADJUSTOR} = 0.71066 \times \text{WAGE ADJUSTOR} + 0.28934$

The cost adjuster formula reflects Medicare estimate of labor-related costs as a portion of total hospital costs as published in the Federal Register.

- 3) Each area wage factor is area wage per full-time equivalent (F.T.E.) divided by the statewide average hospital wage per F.T.E. Contract labor costs are included in determining a hospital's wage costs.

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Policy and Methods for Establishing Rates – Inpatient Hospital

data is not available. The following adjustment factors, derived from the 1st Quarter 2006 Data Resources, Inc. PPS-Type Hospital Market Basket Index, employee cost component, are used:

Fiscal Year Ending	Wage Inflation Factors	Base Weighting Factors	Update Weighting Factors
09/30/00	1.1684	0.16	-
12/31/00	1.1561	0.16	-
03/31/01	1.1432	0.16	-
06/30/01	1.1306	0.16	-
09/30/01	1.1176	0.24	0.16
12/31/01	1.1049	0.24	0.16
03/31/02	1.0929	0.24	0.16
06/30/02	1.0819	0.24	0.16
09/30/02	1.0723	0.60	0.24
12/31/02	1.0636	0.60	0.24
03/31/03	1.0546	0.60	0.24
06/30/03	1.0457	0.60	0.24
9/30/03	1.0362	-	0.60
12/31/03	1.0268	-	0.60
3/31/04	1.0178	-	0.60
6/30/04	1.0088	-	0.60
8/31/04	1.0000	-	0.60

For hospitals with cost reporting periods ending other than the end of a quarter, the inflation update for the quarter in which the hospital's fiscal year ends is used.

- The wage data for distinct part rehabilitation units is the same as for the inpatient medical/surgical area of the hospital. The cost reports do not differentiate salaries/hours by unit type.
- If two or more hospitals merge and are now operating as a single hospital, salary and wages are computed using the combined cost report data from all hospitals involved in the merger. Salary data will be inflated to a common point in time.
- Remove indirect medical education (IME) costs by dividing by an adjustor for indirect education. Each hospital's IME adjustor is calculated as follows:

$$1 + \left[\left(1 + \frac{\text{Interns \& Residents}}{\text{Beds}} \right)^{.5795} - 1 \right] \times 0.5005$$

- Distinct part rehabilitation units report this data separately. The IME adjustor is unique to the unit.

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Michigan Department of Community Health
DRG Grouper
Version 24.0

DRG	MDC	TYPE	DRG TITLE	Relative Weight	Avg LOS	Low Day	High Day
1	1	SURG	CRANIOTOMY AGE W CC	4.9687	11.75	2	50
2	1	SURG	CRANIOTOMY AGE W/O CC	2.8286	4.95	1	50
3	1	SURG	CRANIOTOMY AGE 0-17	3.0130	7.92	1	50
4	1	SURG	NO LONGER VALID				
5	1	SURG	NO LONGER VALID				
6	1	SURG	CARPAL TUNNEL RELEASE	1.3478	3.00	3	50
7	1	SURG	PERIPH CRANIAL NERVE OTHER NERV SYST PROC W CC	3.0992	9.98	1	50
8	1	SURG	PERIPH CRANIAL NERVE OTHER NERV SYST PROC W/O CC	1.7391	2.98	1	50
9	1	MED	SPINAL DISORDERS INJURIES	1.5607	5.89	1	50
10	1	MED	NERVOUS SYSTEM NEOPLASMS W CC	1.6134	6.19	1	50
11	1	MED	NERVOUS SYSTEM NEOPLASMS W/O CC	0.9653	2.92	1	50
12	1	MED	DEGENERATIVE NERVOUS SYSTEM DISORDERS	1.1997	4.99	1	50
13	1	MED	MULTIPLE SCLEROSIS CEREBELLAR ATAXIA	1.4321	6.52	1	50
14	1	MED	INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION	2.0605	6.82	1	50
15	1	MED	NONSPECIFIC CVA PRECEREBRAL OCCLUSION W/O INFARCT	1.4161	4.95	1	50
16	1	MED	NONSPECIFIC CEREBROVASCULAR DISORDERS W CC	1.6906	7.31	1	50
17	1	MED	NONSPECIFIC CEREBROVASCULAR DISORDERS W/O CC	0.9434	3.10	1	50
18	1	MED	CRANIAL PERIPHERAL NERVE DISORDERS W CC	1.2619	5.76	1	50
19	1	MED	CRANIAL PERIPHERAL NERVE DISORDERS W/O CC	0.8933	3.53	1	50
20	1	MED	NO LONGER VALID				
21	1	MED	VIRAL MENINGITIS	0.7129	3.24	1	50
22	1	MED	HYPERTENSIVE ENCEPHALOPATHY	1.8441	6.33	1	50
23	1	MED	NONTRAUMATIC STUPOR COMA	1.1502	3.56	1	50
24	1	MED	NO LONGER VALID				
25	1	MED	NO LONGER VALID				
26	1	MED	SEIZURE HEADACHE AGE 0-17	0.6089	2.56	1	50
27	1	MED	TRAUMATIC STUPOR COMA, COMA HR	1.7496	4.45	1	50
28	1	MED	TRAUMATIC STUPOR COMA, COMA HR AGE W CC	1.8523	6.31	1	50
29	1	MED	TRAUMATIC STUPOR COMA, COMA HR AGE W/O CC	0.9366	2.87	1	50
30	1	MED	TRAUMATIC STUPOR COMA, COMA HR AGE 0-17	0.7383	2.49	1	50
31	1	MED	CONCUSSION AGE W CC	1.1145	3.09	1	50
32	1	MED	CONCUSSION AGE W/O CC	0.6346	2.00	1	50
33	1	MED	CONCUSSION AGE 0-17	0.5065	1.27	1	50
34	1	MED	OTHER DISORDERS OF NERVOUS SYSTEM W CC	1.4835	5.42	1	50
35	1	MED	OTHER DISORDERS OF NERVOUS SYSTEM W/O CC	0.7592	2.57	1	50
36	2	SURG	RETINAL PROCEDURES	1.1823	2.86	1	50
37	2	SURG	ORBITAL PROCEDURES	1.5771	3.55	1	50
38	2	SURG	PRIMARY IRIS PROCEDURES	0.6185	1.67	1	50
39	2	SURG	LENS PROCEDURES WITH OR WITHOUT VITRECTOMY	1.2390	2.67	2	50
40	2	SURG	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE	1.2474	3.47	1	50
41	2	SURG	EXTRAOCULAR PROCEDURES EXCEPT ORBIT AGE 0-17	2.1822	7.24	1	50
42	2	SURG	INTRAOCULAR PROCEDURES EXCEPT RETINA, IRIS LENS	1.4001	3.90	1	50
43	2	MED	HYPHEMA	0.6671	2.13	1	50
44	2	MED	ACUTE MAJOR EYE INFECTIONS	0.6212	3.22	1	50
45	2	MED	NEUROLOGICAL EYE DISORDERS	0.9171	3.44	1	50
46	2	MED	OTHER DISORDERS OF THE EYE AGE W CC	0.9770	4.55	1	50
47	2	MED	OTHER DISORDERS OF THE EYE AGE W/O CC	0.5414	2.64	1	50
48	2	MED	OTHER DISORDERS OF THE EYE AGE 0-17	0.8869	3.94	1	50
49	3	SURG	MAJOR HEAD NECK PROCEDURES	3.5116	3.78	1	50
50	3	SURG	SIALOADENECTOMY	1.0775	1.75	1	50
51	3	SURG	SALIVARY GLAND PROCEDURES EXCEPT SIALOADENECTOMY	0.5813	1.60	1	50
52	3	SURG	CLEFT LIP PALATE REPAIR	0.8148	1.56	1	50
53	3	SURG	SINUS MASTOID PROCEDURES AGE	1.3376	3.49	1	50
54	3	SURG	SINUS MASTOID PROCEDURES AGE 0-17	2.0831	4.52	1	50
55	3	SURG	MISCELLANEOUS EAR, NOSE, MOUTH THROAT PROCEDURES	2.3615	6.28	1	50
56	3	SURG	RHINOPLASTY	0.9066	1.64	1	50
57	3	SURG	TPROC, EXCEPT TONSILLECTOMY ADENOIDECTOMY ONLY, AGE	0.8474	2.85	1	50
58	3	SURG	TPROC, EXCEPT TONSILLECTOMY ADENOIDECTOMY ONLY, AGE 0-17	1.0301	3.00	1	50
59	3	SURG	TONSILLECTOMY ADENOIDECTOMY ONLY, AGE	0.8252	2.64	1	50
60	3	SURG	TONSILLECTOMY ADENOIDECTOMY ONLY, AGE 0-17	0.8110	2.20	1	50
61	3	SURG	MYRINGOTOMY W TUBE INSERTION AGE	1.9262	4.67	3	50
62	3	SURG	MYRINGOTOMY W TUBE INSERTION AGE 0-17	1.0845	2.65	1	50

Michigan Department of Community Health
DRG Grouper
Version 24.0

DRG	MDC	TYPE	DRG TITLE	Relative Weight	Avg LOS	Low Day	High Day
63	3	SURG	OTHER EAR, NOSE, MOUTH THROAT O.R. PROCEDURES	1.8913	3.71	1	50
64	3	MED	EAR, NOSE, MOUTH THROAT MALIGNANCY	1.4318	5.68	1	50
65	3	MED	DYSEQUILIBRIUM	0.7226	2.57	1	50
66	3	MED	EPISTAXIS	0.5599	2.59	1	50
67	3	MED	EPIGLOTTITIS	1.0323	3.43	1	50
68	3	MED	OTITIS MEDIA URI AGE W CC	0.7869	3.39	1	50
69	3	MED	OTITIS MEDIA URI AGE W/O CC	0.5708	2.34	1	50
70	3	MED	OTITIS MEDIA URI AGE 0-17	0.4763	2.33	1	50
71	3	MED	LARYNGOTRACHEITIS	0.3838	1.81	1	50
72	3	MED	NASAL TRAUMA DEFORMITY	0.8447	2.14	1	50
73	3	MED	OTHER EAR, NOSE, MOUTH THROAT DIAGNOSES AGE	1.0165	3.63	1	50
74	3	MED	OTHER EAR, NOSE, MOUTH THROAT DIAGNOSES AGE 0-17	0.8324	3.49	1	50
75	4	SURG	MAJOR CHEST PROCEDURES	3.6113	10.81	1	50
76	4	SURG	OTHER RESP SYSTEM O.R. PROCEDURES W CC	3.7190	12.49	1	50
77	4	SURG	OTHER RESP SYSTEM O.R. PROCEDURES W/O CC	1.3894	4.33	1	50
78	4	MED	PULMONARY EMBOLISM	1.6780	6.51	1	50
79	4	MED	RESPIRATORY INFECTIONS INFLAMMATIONS AGE W CC	2.1596	9.04	1	50
80	4	MED	RESPIRATORY INFECTIONS INFLAMMATIONS AGE W/O CC	1.2533	6.48	1	50
81	4	MED	RESPIRATORY INFECTIONS INFLAMMATIONS AGE 0-17	1.7741	6.91	1	50
82	4	MED	RESPIRATORY NEOPLASMS	1.8232	6.87	1	50
83	4	MED	MAJOR CHEST TRAUMA W CC	1.2609	4.31	1	50
84	4	MED	MAJOR CHEST TRAUMA W/O CC	0.8942	3.43	1	50
85	4	MED	PLEURAL EFFUSION W CC	1.3927	4.95	1	50
86	4	MED	PLEURAL EFFUSION W/O CC	0.9712	3.95	1	50
87	4	MED	PULMONARY EDEMA RESPIRATORY FAILURE	2.0528	6.34	1	50
88	4	MED	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	1.0584	4.41	1	50
89	4	MED	SIMPLE PNEUMONIA PLEURISY AGE W CC	1.2910	5.26	1	50
90	4	MED	SIMPLE PNEUMONIA PLEURISY AGE W/O CC	0.7333	3.09	1	50
91	4	MED	SIMPLE PNEUMONIA PLEURISY AGE 0-17	0.6756	3.16	1	50
92	4	MED	INTERSTITIAL LUNG DISEASE W CC	1.5635	6.71	1	50
93	4	MED	INTERSTITIAL LUNG DISEASE W/O CC	0.8875	4.14	1	50
94	4	MED	PNEUMOTHORAX W CC	1.4725	5.96	1	50
95	4	MED	PNEUMOTHORAX W/O CC	0.7013	3.53	1	50
96	4	MED	BRONCHITIS ASTHMA AGE W CC	0.9088	3.72	1	50
97	4	MED	BRONCHITIS ASTHMA AGE W/O CC	0.5848	2.53	1	50
98	4	MED	BRONCHITIS ASTHMA AGE 0-17	0.5363	2.62	1	50
99	4	MED	RESPIRATORY SIGNS SYMPTOMS W CC	0.7925	3.17	1	50
100	4	MED	RESPIRATORY SIGNS SYMPTOMS W/O CC	0.5118	2.06	1	50
101	4	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W CC	1.2086	4.49	1	50
102	4	MED	OTHER RESPIRATORY SYSTEM DIAGNOSES W/O CC	0.6128	2.14	1	50
103	PRE	SURG	HEART TRANSPLANT OR IMPLANT OF HEART ASSIST SYSTEM	Paid Percent of Charge			
104	5	SURG	CARDIAC VALVE OTH MAJOR CARDIOTHORACIC PROC W CARD CATH	10.4208	21.00	5	52
105	5	SURG	CARDIAC VALVE OTH MAJOR CARDIOTHORACIC PROC W/O CARD CATH	6.5400	11.42	3	50
106	5	SURG	CORONARY BYPASS W PTCA	7.9343	12.41	2	50
107	5	SURG	NO LONGER VALID				
108	5	SURG	OTHER CARDIOTHORACIC PROCEDURES	7.1104	12.20	1	50
109	5	SURG	NO LONGER VALID				
110	5	SURG	MAJOR CARDIOVASCULAR PROCEDURES W CC	5.8919	11.83	1	50
111	5	SURG	MAJOR CARDIOVASCULAR PROCEDURES W/O CC	3.4309	5.73	1	50
112	5	SURG	NO LONGER VALID				
113	5	SURG	AMPUTATION FOR CIRC SYSTEM DISORDERS EXCEPT UPPER LIMB TOE	4.3585	15.62	3	50
114	5	SURG	UPPER LIMB TOE AMPUTATION FOR CIRC SYSTEM DISORDERS	2.3263	10.28	1	50
115	5	SURG	NO LONGER VALID				
116	5	SURG	NO LONGER VALID				
117	5	SURG	CARDIAC PACEMAKER REVISION EXCEPT DEVICE REPLACEMENT	1.0661	2.27	1	50
118	5	SURG	CARDIAC PACEMAKER DEVICE REPLACEMENT	2.1239	3.42	1	50
119	5	SURG	VEIN LIGATION STRIPPING	1.7791	4.36	1	50
120	5	SURG	OTHER CIRCULATORY SYSTEM O.R. PROCEDURES	3.0495	10.78	1	50
121	5	MED	CIRCULATORY DISORDERS W AMI MAJOR COMP, DISCHARGED ALIVE	2.4179	6.21	1	50
122	5	MED	CIRCULATORY DISORDERS W AMI W/O MAJOR COMP, DISCHARGED ALIVE	1.5209	3.02	1	50
123	5	MED	CIRCULATORY DISORDERS W AMI, EXPIRED	2.3773	4.62	1	50
124	5	MED	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH COMPLEX DIAG	1.8317	4.84	1	50

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DRG	MDC	TYPE	DRG TITLE	Relative Weight	Avg LOS	Low Day	High Day
125	5	MED	CIRCULATORY DISORDERS EXCEPT AMI, W CARD CATH W/O COMPLEX DIAG	1.3536	2.83	1	50
126	5	MED	ACUTE SUBACUTE ENDOCARDITIS	3.9348	16.43	2	50
127	5	MED	HEART FAILURE SHOCK	1.2281	4.77	1	50
128	5	MED	DEEP VEIN THROMBOPHLEBITIS	1.0016	5.35	1	50
129	5	MED	CARDIAC ARREST, UNEXPLAINED	2.1021	4.30	1	50
130	5	MED	PERIPHERAL VASCULAR DISORDERS W CC	1.3329	6.14	1	50
131	5	MED	PERIPHERAL VASCULAR DISORDERS W/O CC	0.8029	4.04	1	50
132	5	MED	ATHEROSCLEROSIS W CC	0.8830	2.64	1	50
133	5	MED	ATHEROSCLEROSIS W/O CC	0.7269	1.73	1	50
134	5	MED	HYPERTENSION	0.8888	3.32	1	50
135	5	MED	CARDIAC CONGENITAL VALVULAR DISORDERS AGE W CC	1.0994	4.06	1	50
136	5	MED	CARDIAC CONGENITAL VALVULAR DISORDERS AGE W/O CC	0.6723	1.50	1	50
137	5	MED	CARDIAC CONGENITAL VALVULAR DISORDERS AGE 0-17	1.5229	5.58	1	50
138	5	MED	CARDIAC ARRHYTHMIA CONDUCTION DISORDERS W CC	1.1674	3.89	1	50
139	5	MED	CARDIAC ARRHYTHMIA CONDUCTION DISORDERS W/O CC	0.6582	2.23	1	50
140	5	MED	ANGINA PECTORIS	0.7860	2.23	1	50
141	5	MED	SYNCOPE COLLAPSE W CC	0.9341	3.32	1	50
142	5	MED	SYNCOPE COLLAPSE W/O CC	0.6671	2.15	1	50
143	5	MED	CHEST PAIN	0.7226	2.02	1	50
144	5	MED	OTHER CIRCULATORY SYSTEM DIAGNOSES W CC	1.9117	7.04	1	50
145	5	MED	OTHER CIRCULATORY SYSTEM DIAGNOSES W/O CC	0.8531	2.89	1	50
146	6	SURG	RECTAL RESECTION W CC	3.3886	10.37	3	50
147	6	SURG	RECTAL RESECTION W/O CC	2.2036	6.12	1	50
148	6	SURG	NO LONGER VALID				
149	6	SURG	MAJOR SMALL LARGE BOWEL PROCEDURES W/O CC	2.0195	6.67	2	50
150	6	SURG	PERITONEAL ADHESIOLYSIS W CC	3.5755	12.33	2	50
151	6	SURG	PERITONEAL ADHESIOLYSIS W/O CC	1.7245	5.07	1	50
152	6	SURG	MINOR SMALL LARGE BOWEL PROCEDURES W CC	2.3218	8.54	2	50
153	6	SURG	MINOR SMALL LARGE BOWEL PROCEDURES W/O CC	1.5535	5.04	2	50
154	6	SURG	NO LONGER VALID				
155	6	SURG	STOMACH, ESOPHAGEAL DUODENAL PROCEDURES AGE W/O CC	1.7486	4.22	1	50
156	6	SURG	STOMACH, ESOPHAGEAL DUODENAL PROCEDURES AGE 0-17	1.5810	5.04	1	50
157	6	SURG	ANAL STOMAL PROCEDURES W CC	1.5694	5.50	1	50
158	6	SURG	ANAL STOMAL PROCEDURES W/O CC	0.8170	2.41	1	50
159	6	SURG	HERNIA PROCEDURES EXCEPT INGUINAL FEMORAL AGE W CC	1.7174	4.64	1	50
160	6	SURG	HERNIA PROCEDURES EXCEPT INGUINAL FEMORAL AGE W/O CC	1.1658	2.60	1	50
161	6	SURG	INGUINAL FEMORAL HERNIA PROCEDURES AGE W CC	2.0157	6.61	1	50
162	6	SURG	INGUINAL FEMORAL HERNIA PROCEDURES AGE W/O CC	0.8863	1.55	1	50
163	6	SURG	HERNIA PROCEDURES AGE 0-17	1.3618	4.27	1	50
164	6	SURG	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W CC	2.4638	7.92	2	50
165	6	SURG	APPENDECTOMY W COMPLICATED PRINCIPAL DIAG W/O CC	1.4046	4.24	1	50
166	6	SURG	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W CC	1.4750	3.46	1	50
167	6	SURG	APPENDECTOMY W/O COMPLICATED PRINCIPAL DIAG W/O CC	0.9736	1.85	1	50
168	3	SURG	MOUTH PROCEDURES W CC	1.6561	4.54	1	50
169	3	SURG	MOUTH PROCEDURES W/O CC	0.9501	2.15	1	50
170	6	SURG	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W CC	2.9740	10.64	1	50
171	6	SURG	OTHER DIGESTIVE SYSTEM O.R. PROCEDURES W/O CC	1.5400	4.68	1	50
172	6	MED	DIGESTIVE MALIGNANCY W CC	1.9874	8.07	1	50
173	6	MED	DIGESTIVE MALIGNANCY W/O CC	1.2704	4.90	1	50
174	6	MED	G.I. HEMORRHAGE W CC	1.4388	4.85	1	50
175	6	MED	G.I. HEMORRHAGE W/O CC	0.6417	2.56	1	50
176	6	MED	COMPLICATED PEPTIC ULCER	1.2700	4.67	1	50
177	6	MED	UNCOMPLICATED PEPTIC ULCER W CC	1.2084	4.20	1	50
178	6	MED	UNCOMPLICATED PEPTIC ULCER W/O CC	0.7862	2.70	1	50
179	6	MED	INFLAMMATORY BOWEL DISEASE	1.1788	5.57	1	50
180	6	MED	G.I. OBSTRUCTION W CC	1.2187	5.32	1	50
181	6	MED	G.I. OBSTRUCTION W/O CC	0.6574	3.23	1	50
182	6	MED	ESOPHAGITIS, GASTROENT MISC DIGEST DISORDERS AGE W CC	0.9564	3.88	1	50
183	6	MED	ESOPHAGITIS, GASTROENT MISC DIGEST DISORDERS AGE W/O CC	0.6993	2.55	1	50
184	6	MED	ESOPHAGITIS, GASTROENT MISC DIGEST DISORDERS AGE 0-17	0.5011	2.62	1	50
185	3	MED	DENTAL ORAL DIS EXCEPT EXTRACTIONS RESTORATIONS, AGE	1.0546	3.77	1	50
186	3	MED	DENTAL ORAL DIS EXCEPT EXTRACTIONS RESTORATIONS, AGE 0-17	0.7115	3.31	1	50

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187	3	MED	DENTAL EXTRACTIONS RESTORATIONS	1.0232	2.38	1	50
188	6	MED	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE W CC	1.4037	5.88	1	50
189	6	MED	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE W/O CC	0.7257	2.71	1	50
190	6	MED	OTHER DIGESTIVE SYSTEM DIAGNOSES AGE 0-17	0.9588	3.64	1	50
191	7	SURG	PANCREAS, LIVER SHUNT PROCEDURES W CC	5.6383	15.68	1	50
192	7	SURG	PANCREAS, LIVER SHUNT PROCEDURES W/O CC	2.5856	6.45	1	50
193	7	SURG	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W CC	4.1215	14.13	3	50
194	7	SURG	BILIARY TRACT PROC EXCEPT ONLY CHOLECYST W OR W/O C.D.E. W/O CC	1.8757	4.43	1	50
195	7	SURG	CHOLECYSTECTOMY W C.D.E. W CC	3.2035	8.92	2	50
196	7	SURG	CHOLECYSTECTOMY W C.D.E. W/O CC	2.1691	4.67	1	50
197	7	SURG	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W CC	2.9808	8.96	2	50
198	7	SURG	CHOLECYSTECTOMY EXCEPT BY LAPAROSCOPE W/O C.D.E. W/O CC	1.6703	4.36	1	50
199	7	SURG	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR MALIGNANCY	2.7904	8.76	1	50
200	7	SURG	HEPATOBIILIARY DIAGNOSTIC PROCEDURE FOR NON- MALIGNANCY	3.1313	11.11	1	50
201	7	SURG	OTHER HEPATOBIILIARY OR PANCREAS O.R. PROCEDURES	4.5487	14.69	2	50
202	7	MED	CIRRHOSIS ALCOHOLIC HEPATITIS	1.7489	6.73	1	50
203	7	MED	MALIGNANCY OF HEPATOBIILIARY SYSTEM OR PANCREAS	1.7398	7.25	1	50
204	7	MED	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	1.3521	5.80	1	50
205	7	MED	DISORDERS OF LIVER EXCEPT MALIG,CIRRH,ALC HEP A W CC	1.7126	6.31	1	50
206	7	MED	DISORDERS OF LIVER EXCEPT MALIG,CIRRH,ALC HEP A W/O CC	0.7094	3.23	1	50
207	7	MED	DISORDERS OF THE BILIARY TRACT W CC	1.3463	4.83	1	50
208	7	MED	DISORDERS OF THE BILIARY TRACT W/O CC	0.7072	2.46	1	50
209	8	SURG	NO LONGER VALID				
210	8	SURG	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE W CC	2.7988	7.87	1	50
211	8	SURG	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE W/O CC	1.7239	3.78	1	50
212	8	SURG	HIP FEMUR PROCEDURES EXCEPT MAJOR JOINT AGE 0-17	1.4998	3.79	1	50
213	8	SURG	AMPUTATION FOR MUSCULOSKELETAL SYSTEM CONN TISSUE DISORDERS	2.7348	10.59	1	50
214	8	SURG	NO LONGER VALID				
215	8	SURG	NO LONGER VALID				
216	8	SURG	BIOPSIES OF MUSCULOSKELETAL SYSTEM CONNECTIVE TISSUE	3.0920	12.42	1	50
217	8	SURG	WND DEBRID SKN GRFT EXCEPT HAND, FOR MUSC SKELET CONN TISS DIS	3.9702	14.15	1	50
218	8	SURG	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE W CC	2.1567	5.33	1	50
219	8	SURG	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE W/O CC	1.4037	2.48	1	50
220	8	SURG	LOWER EXTREM HUMER PROC EXCEPT HIP, FOOT, FEMUR AGE 0-17	1.1401	2.18	1	50
221	8	SURG	NO LONGER VALID				
222	8	SURG	NO LONGER VALID				
223	8	SURG	MAJOR SHOULDER/ELBOW PROC, OR OTHER UPPER EXTREMITY PROC W CC	1.5081	3.94	1	50
224	8	SURG	SHOULDER, ELBOW OR FOREARM PROC, EXC MAJOR JOINT PROC, W/O CC	1.1116	1.75	1	50
225	8	SURG	FOOT PROCEDURES	1.3789	3.63	1	50
226	8	SURG	SOFT TISSUE PROCEDURES W CC	2.0563	7.64	1	50
227	8	SURG	SOFT TISSUE PROCEDURES W/O CC	1.1054	2.20	1	50
228	8	SURG	MAJOR THUMB OR JOINT PROC, OR OTH HAND OR WRIST PROC W CC	1.6205	4.83	1	50
229	8	SURG	HAND OR WRIST PROC, EXCEPT MAJOR JOINT PROC, W/O CC	0.8934	2.28	1	50
230	8	SURG	LOCAL EXCISION REMOVAL OF INT FIX DEVICES OF HIP FEMUR	1.6145	5.89	1	50
231	8	SURG	NO LONGER VALID				
232	8	SURG	ARTHROSCOPY	1.6159	4.33	1	50
233	8	SURG	OTHER MUSCULOSKELET SYS CONN TISS O.R. PROC W CC	3.3372	7.08	1	50
234	8	SURG	OTHER MUSCULOSKELET SYS CONN TISS O.R. PROC W/O CC	2.0477	3.01	1	50
235	8	MED	FRACTURES OF FEMUR	0.9202	5.16	1	50
236	8	MED	FRACTURES OF HIP PELVIS	0.9124	4.39	1	50
237	8	MED	SPRAINS, STRAINS, DISLOCATIONS OF HIP, PELVIS THIGH	0.6444	2.07	1	50
238	8	MED	OSTEOMYELITIS	1.6188	9.21	1	50
239	8	MED	PATHOLOGICAL FRACTURES MUSCULOSKELETAL CONN TISS MALIGNANCY	1.7240	6.45	1	50
240	8	MED	CONNECTIVE TISSUE DISORDERS W CC	1.9950	7.38	1	50
241	8	MED	CONNECTIVE TISSUE DISORDERS W/O CC	0.7492	2.54	1	50
242	8	MED	SEPTIC ARTHRITIS	1.4768	6.00	1	50
243	8	MED	MEDICAL BACK PROBLEMS	0.8616	3.70	1	50
244	8	MED	BONE DISEASES SPECIFIC ARTHROPATHIES W CC	1.5129	4.60	1	50
245	8	MED	BONE DISEASES SPECIFIC ARTHROPATHIES W/O CC	0.5097	2.24	1	50
246	8	MED	NON-SPECIFIC ARTHROPATHIES	0.8065	4.00	1	50
247	8	MED	SIGNS SYMPTOMS OF MUSCULOSKELETAL SYSTEM CONN TISSUE	0.6421	2.74	1	50
248	8	MED	TENDONITIS, MYOSITIS BURSITIS	1.1195	4.78	1	50

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249	8	MED	AFTERCARE, MUSCULOSKELETAL SYSTEM CONNECTIVE TISSUE	1.0991	6.12	1	50
250	8	MED	FX, SPRN, STRN DISL OF FOREARM, HAND, FOOT AGE W CC	0.6047	1.95	1	50
251	8	MED	FX, SPRN, STRN DISL OF FOREARM, HAND, FOOT AGE W/O CC	0.4774	1.85	1	50
252	8	MED	FX, SPRN, STRN DISL OF FOREARM, HAND, FOOT AGE 0-17	0.4729	1.61	1	50
253	8	MED	FX, SPRN, STRN DISL OF UPARM, LOWLEG EX FOOT AGE W CC	0.9492	3.95	1	50
254	8	MED	FX, SPRN, STRN DISL OF UPARM, LOWLEG EX FOOT AGE W/O CC	0.5580	1.97	1	50
255	8	MED	FX, SPRN, STRN DISL OF UPARM, LOWLEG EX FOOT AGE 0-17	0.5282	1.69	1	50
256	8	MED	OTHER MUSCULOSKELETAL SYSTEM CONNECTIVE TISSUE DIAGNOSES	0.9080	4.21	1	50
257	9	SURG	TOTAL MASTECTOMY FOR MALIGNANCY W CC	1.3069	2.62	1	50
258	9	SURG	TOTAL MASTECTOMY FOR MALIGNANCY W/O CC	1.0795	1.91	1	50
259	9	SURG	SUBTOTAL MASTECTOMY FOR MALIGNANCY W CC	1.6636	4.74	1	50
260	9	SURG	SUBTOTAL MASTECTOMY FOR MALIGNANCY W/O CC	0.9866	1.46	1	50
261	9	SURG	BREAST PROC FOR NON- MALIGNANCY EXCEPT BIOPSY LOCAL EXCISION	1.4385	2.25	1	50
262	9	SURG	BREAST BIOPSY LOCAL EXCISION FOR NON-MALIGNANCY	0.8691	2.46	1	50
263	9	SURG	SKIN GRAFT DEBRID FOR SKN ULCER OR CELLULITIS W CC	2.7631	13.07	2	50
264	9	SURG	SKIN GRAFT DEBRID FOR SKN ULCER OR CELLULITIS W/O CC	1.7815	8.59	1	50
265	9	SURG	SKIN GRAFT DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W CC	2.6148	8.65	1	50
266	9	SURG	SKIN GRAFT DEBRID EXCEPT FOR SKIN ULCER OR CELLULITIS W/O CC	1.3813	4.08	1	50
267	9	SURG	PERIANAL PILONIDAL PROCEDURES	1.9298	7.45	1	50
268	9	SURG	SKIN, SUBCUTANEOUS TISSUE BREAST PLASTIC PROCEDURES	1.2959	2.86	1	50
269	9	SURG	OTHER SKIN, SUBCUT TISS BREAST PROC W CC	2.1084	7.69	1	50
270	9	SURG	OTHER SKIN, SUBCUT TISS BREAST PROC W/O CC	0.9691	3.01	1	50
271	9	MED	SKIN ULCERS	1.2100	7.33	1	50
272	9	MED	MAJOR SKIN DISORDERS W CC	1.2884	6.15	1	50
273	9	MED	MAJOR SKIN DISORDERS W/O CC	0.7657	4.20	1	50
274	9	MED	MALIGNANT BREAST DISORDERS W CC	1.7255	6.96	1	50
275	9	MED	MALIGNANT BREAST DISORDERS W/O CC	0.7588	3.90	2	50
276	9	MED	NON-MALIGANT BREAST DISORDERS	0.6365	3.01	1	50
277	9	MED	CELLULITIS AGE W CC	1.0624	5.32	1	50
278	9	MED	CELLULITIS AGE W/O CC	0.6383	3.35	1	50
279	9	MED	CELLULITIS AGE 0-17	0.5463	2.85	1	50
280	9	MED	TRAUMA TO THE SKIN, SUBCUT TISS BREAST AGE W CC	0.8082	2.31	1	50
281	9	MED	TRAUMA TO THE SKIN, SUBCUT TISS BREAST AGE W/O CC	0.5970	1.60	1	50
282	9	MED	TRAUMA TO THE SKIN, SUBCUT TISS BREAST AGE 0-17	0.6154	2.16	1	50
283	9	MED	MINOR SKIN DISORDERS W CC	1.0148	4.94	1	50
284	9	MED	MINOR SKIN DISORDERS W/O CC	0.4502	2.77	1	50
285	10	SURG	AMPUTAT OF LOWER LIMB FOR ENDOCRINE, NUTRIT, METABOL DISORDERS	3.1360	12.32	3	50
286	10	SURG	ADRENAL PITUITARY PROCEDURES	3.2400	7.29	1	50
287	10	SURG	SKIN GRAFTS WOUND DEBRID FOR ENDOC, NUTRIT METAB DISORDERS	2.7126	12.52	1	50
288	10	SURG	O.R. PROCEDURES FOR OBESITY	2.4718	6.58	2	50
289	10	SURG	PARATHYROID PROCEDURES	1.1893	2.29	1	50
290	10	SURG	THYROID PROCEDURES	1.0748	2.19	1	50
291	10	SURG	THYROIDECTOMY PROCEDURES	0.6863	2.00	1	50
292	10	SURG	OTHER ENDOCRINE, NUTRIT METAB O.R. PROC W CC	3.1681	11.56	1	50
293	10	SURG	OTHER ENDOCRINE, NUTRIT METAB O.R. PROC W/O CC	1.7731	4.46	1	50
294	10	MED	DIABETES AGE	1.0404	4.45	1	50
295	10	MED	DIABETES AGE 0-35	0.6997	2.69	1	50
296	10	MED	NUTRITIONAL MISC METABOLIC DISORDERS AGE W CC	1.2564	5.28	1	50
297	10	MED	NUTRITIONAL MISC METABOLIC DISORDERS AGE W/O CC	0.7166	3.22	1	50
298	10	MED	NUTRITIONAL MISC METABOLIC DISORDERS AGE 0-17	0.7297	3.73	1	50
299	10	MED	INBORN ERRORS OF METABOLISM	1.1064	4.30	1	50
300	10	MED	ENDOCRINE DISORDERS W CC	1.3725	5.36	1	50
301	10	MED	ENDOCRINE DISORDERS W/O CC	0.6497	2.84	1	50
302	11	SURG	KIDNEY TRANSPLANT	3.6616	7.56	1	50
303	11	SURG	KIDNEY, URETER MAJOR BLADDER PROCEDURES FOR NEOPLASM	2.5973	7.05	1	50
304	11	SURG	KIDNEY, URETER MAJOR BLADDER PROC FOR NON-NEOPL W CC	2.6319	8.66	1	50
305	11	SURG	KIDNEY, URETER MAJOR BLADDER PROC FOR NON-NEOPL W/O CC	1.1656	2.98	1	50
306	11	SURG	PROSTATECTOMY W CC	1.2179	5.86	2	50
307	11	SURG	PROSTATECTOMY W/O CC	0.7277	1.50	1	50
308	11	SURG	MINOR BLADDER PROCEDURES W CC	2.6252	9.97	1	50
309	11	SURG	MINOR BLADDER PROCEDURES W/O CC	0.9534	2.30	1	50
310	11	SURG	TRANSURETHRAL PROCEDURES W CC	1.5779	4.66	1	50

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311	11	SURG	TRANSURETHRAL PROCEDURES W/O CC	0.9282	2.22	1	50
312	11	SURG	URETHRAL PROCEDURES, AGE W CC	1.9275	7.90	1	50
313	11	SURG	URETHRAL PROCEDURES, AGE W/O CC	0.7538	2.60	1	50
314	11	SURG	URETHRAL PROCEDURES, AGE 0-17	0.6931	2.50	1	50
315	11	SURG	OTHER KIDNEY URINARY TRACT O.R. PROCEDURES	3.0183	9.88	1	50
316	11	MED	RENAL FAILURE	1.7544	6.42	1	50
317	11	MED	ADMIT FOR RENAL DIALYSIS	0.9338	3.12	1	50
318	11	MED	KIDNEY URINARY TRACT NEOPLASMS W CC	1.8706	7.47	1	50
319	11	MED	KIDNEY URINARY TRACT NEOPLASMS W/O CC	0.7753	2.53	1	50
320	11	MED	KIDNEY URINARY TRACT INFECTIONS AGE W CC	0.9889	4.54	1	50
321	11	MED	KIDNEY URINARY TRACT INFECTIONS AGE W/O CC	0.6304	2.82	1	50
322	11	MED	KIDNEY URINARY TRACT INFECTIONS AGE 0-17	0.6219	3.21	1	50
323	11	MED	URINARY STONES W CC, ESW LITHOTRIPSY	0.8754	2.80	1	50
324	11	MED	URINARY STONES W/O CC	0.5976	2.10	1	50
325	11	MED	KIDNEY URINARY TRACT SIGNS SYMPTOMS AGE W CC	0.8050	3.69	1	50
326	11	MED	KIDNEY URINARY TRACT SIGNS SYMPTOMS AGE W/O CC	0.4689	2.08	1	50
327	11	MED	KIDNEY URINARY TRACT SIGNS SYMPTOMS AGE 0-17	0.5530	2.31	1	50
328	11	MED	URETHRAL STRICTURE AGE W CC	1.0244	3.67	2	50
329	11	MED	URETHRAL STRICTURE AGE W/O CC	0.3925	2.00	1	50
330	11	MED	URETHRAL STRICTURE AGE 0-17	0.7744	5.00	1	50
331	11	MED	OTHER KIDNEY URINARY TRACT DIAGNOSES AGE W CC	1.3650	5.93	1	50
332	11	MED	OTHER KIDNEY URINARY TRACT DIAGNOSES AGE W/O CC	0.8262	3.41	1	50
333	11	MED	OTHER KIDNEY URINARY TRACT DIAGNOSES AGE 0-17	0.8631	3.99	1	50
334	12	SURG	MAJOR MALE PELVIC PROCEDURES W CC	2.0356	5.70	2	50
335	12	SURG	MAJOR MALE PELVIC PROCEDURES W/O CC	1.3994	2.70	1	50
336	12	SURG	TRANSURETHRAL PROSTATECTOMY W CC	1.1417	3.93	1	50
337	12	SURG	TRANSURETHRAL PROSTATECTOMY W/O CC	0.8086	2.39	1	50
338	12	SURG	TESTES PROCEDURES, FOR MALIGNANCY	2.8908	9.59	1	50
339	12	SURG	TESTES PROCEDURES, NON-MALIGNANCY AGE	1.0341	2.32	1	50
340	12	SURG	TESTES PROCEDURES, NON-MALIGNANCY AGE 0-17	0.6581	1.24	1	50
341	12	SURG	PENIS PROCEDURES	1.0824	3.07	1	50
342	12	SURG	CIRCUMCISION AGE	1.6518	9.50	4	50
343	12	SURG	CIRCUMCISION AGE 0-17	0.2523	2.47	1	50
344	12	SURG	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROCEDURES FOR MALIGNANCY	1.7125	5.20	2	50
345	12	SURG	OTHER MALE REPRODUCTIVE SYSTEM O.R. PROC EXCEPT FOR MALIGNANCY	2.6327	15.50	4	50
346	12	MED	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W CC	2.1995	7.85	2	50
347	12	MED	MALIGNANCY, MALE REPRODUCTIVE SYSTEM, W/O CC	1.0846	2.33	1	50
348	12	MED	BENIGN PROSTATIC HYPERTROPHY W CC	0.4708	2.50	1	50
349	12	MED	BENIGN PROSTATIC HYPERTROPHY W/O CC	1.1340	2.67	1	50
350	12	MED	INFLAMMATION OF THE MALE REPRODUCTIVE SYSTEM	0.7109	3.56	1	50
351	12	MED	STERILIZATION, MALE	0.3333	1.90	1	50
352	12	MED	OTHER MALE REPRODUCTIVE SYSTEM DIAGNOSES	0.2833	2.30	1	50
353	13	SURG	PELVIC EVISCERATION, RADICAL HYSTERECTOMY RADICAL VULVECTOMY	2.1281	5.70	1	50
354	13	SURG	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W CC	2.1190	6.38	1	50
355	13	SURG	UTERINE, ADNEXA PROC FOR NON-OVARIAN/ADNEXAL MALIG W/O CC	1.0135	2.28	1	50
356	13	SURG	FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	0.9252	2.14	1	50
357	13	SURG	UTERINE ADNEXA PROC FOR OVARIAN OR ADNEXAL MALIGNANCY	2.6439	7.20	2	50
358	13	SURG	UTERINE ADNEXA PROC FOR NON-MALIGNANCY W CC	1.5684	4.25	1	50
359	13	SURG	UTERINE ADNEXA PROC FOR NON-MALIGNANCY W/O CC	1.0942	2.44	1	50
360	13	SURG	VAGINA, CERVIX VULVA PROCEDURES	1.1591	3.48	1	50
361	13	SURG	LAPAROSCOPY INCISIONAL TUBAL INTERRUPTION	1.0824	2.29	1	50
362	13	SURG	ENDOSCOPIC TUBAL INTERRUPTION	0.5889	1.00	1	50
363	13	SURG	DICONIZATION RADIO-IMPLANT, FOR MALIGNANCY	1.3634	3.29	1	50
364	13	SURG	DICONIZATION EXCEPT FOR MALIGNANCY	1.1220	3.49	1	50
365	13	SURG	OTHER FEMALE REPRODUCTIVE SYSTEM O.R. PROCEDURES	1.7864	5.14	1	50
366	13	MED	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W CC	1.8997	6.58	1	50
367	13	MED	MALIGNANCY, FEMALE REPRODUCTIVE SYSTEM W/O CC	0.6434	2.85	1	50
368	13	MED	INFECTIONS, FEMALE REPRODUCTIVE SYSTEM	0.7314	3.08	1	50
369	13	MED	MENSTRUAL OTHER FEMALE REPRODUCTIVE SYSTEM DISORDERS	0.5971	2.12	1	50
370	14	SURG	CESAREAN SECTION W CC	1.1376	4.49	2	50
371	14	SURG	CESAREAN SECTION W/O CC	0.8820	3.22	2	50
372	14	MED	VAGINAL DELIVERY W COMPLICATING DIAGNOSES	0.6620	2.65	1	50

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DRG	MDC	TYPE	DRG TITLE	Relative Weight	Avg LOS	Low Day	High Day
373	14	MED	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	0.5081	1.91	1	50
374	14	SURG	VAGINAL DELIVERY W STERILIZATION D	0.8432	2.26	1	50
375	14	SURG	VAGINAL DELIVERY W O.R. PROC EXCEPT STERIL D	1.1188	3.35	1	50
376	14	MED	POSTPARTUM POST ABORTION DIAGNOSES W/O O.R. PROCEDURE	0.6291	2.74	1	50
377	14	SURG	POSTPARTUM POST ABORTION DIAGNOSES W O.R. PROCEDURE	1.4809	4.12	1	50
378	14	MED	ECTOPIC PREGNANCY	1.0392	2.35	1	50
379	14	MED	THREATENED ABORTION	0.5085	3.29	1	50
380	14	MED	ABORTION W/O D	0.4654	1.63	1	50
381	14	SURG	ABORTION W DASPIRATION CURETTAGE OR HYSTEROTOMY	0.7794	1.84	1	50
382	14	MED	FALSE LABOR	0.4604	3.10	1	50
383	14	MED	OTHER ANTEPARTUM DIAGNOSES W MEDICAL COMPLICATIONS	0.5901	3.22	1	50
384	14	MED	OTHER ANTEPARTUM DIAGNOSES W/O MEDICAL COMPLICATIONS	0.5651	3.08	1	50
385	15	MED	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	0.3756	1.75	1	50
385.1	15	MED	NEONATES, DIED OR TRANSFERRED TO ANOTHER ACUTE CARE FACILITY	4.1391	12.27	1	50
386	15	MED	EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	2.8048	14.25	1	50
386.1	15	MED	EXTREME IMMATUREITY OR RESPIRATORY DISTRESS SYNDROME, NEONATE	11.2974	42.38	6	77
387	15	MED	PREMATURITY W MAJOR PROBLEMS	1.3559	9.24	2	50
387.1	15	MED	PREMATURITY W MAJOR PROBLEMS	3.9807	19.36	3	51
388	15	MED	PREMATURITY W/O MAJOR PROBLEMS	0.4624	4.27	1	50
388.1	15	MED	PREMATURITY W/O MAJOR PROBLEMS	2.2167	12.06	2	50
389	15	MED	FULL TERM NEONATE W MAJOR PROBLEMS	0.6045	4.18	1	50
389.1	15	MED	FULL TERM NEONATE W MAJOR PROBLEMS	2.0490	8.59	2	50
390	15	MED	NEONATE W OTHER SIGNIFICANT PROBLEMS	0.2646	2.60	1	50
390.1	15	MED	NEONATE W OTHER SIGNIFICANT PROBLEMS	0.9686	4.74	2	50
391	15	MED	NORMAL NEWBORN	0.1447	1.89	1	50
392	16	SURG	SPLENECTOMY AGE	3.4220	8.61	1	50
393	16	SURG	SPLENECTOMY AGE 0-17	1.7728	2.93	1	50
394	16	SURG	OTHER O.R. PROCEDURES OF THE BLOOD AND BLOOD FORMING ORGANS	2.0565	7.19	1	50
395	16	MED	RED BLOOD CELL DISORDERS AGE	1.0584	5.76	1	50
396	16	MED	RED BLOOD CELL DISORDERS AGE 0-17	0.6588	3.67	1	50
397	16	MED	COAGULATION DISORDERS	2.1720	3.96	1	50
398	16	MED	RETICULOENDOTHELIAL IMMUNITY DISORDERS W CC	1.1446	5.01	1	50
399	16	MED	RETICULOENDOTHELIAL IMMUNITY DISORDERS W/O CC	0.6434	2.97	1	50
400	17	SURG	NO LONGER VALID				
401	17	SURG	LYMPHOMA NON-ACUTE LEUKEMIA W OTHER O.R. PROC W CC	4.8560	13.61	1	52
402	17	SURG	LYMPHOMA NON-ACUTE LEUKEMIA W OTHER O.R. PROC W/O CC	1.7406	5.05	1	50
403	17	MED	LYMPHOMA NON-ACUTE LEUKEMIA W CC	2.5858	9.15	1	50
404	17	MED	LYMPHOMA NON-ACUTE LEUKEMIA W/O CC	1.3733	4.51	1	50
405	17	MED	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE 0-17	2.5782	8.17	1	50
406	17	SURG	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W CC	3.7734	12.43	1	50
407	17	SURG	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W MAJ O.R.PROC W/O CC	1.4358	3.44	1	50
408	17	SURG	MYELOPROLIF DISORD OR POORLY DIFF NEOPL W OTHER O.R.PROC	2.3642	7.04	1	50
409	17	MED	RADIOTHERAPY	1.3295	3.90	1	50
410	17	MED	CHEMOTHERAPY W/O ACUTE LEUKEMIA AS SECONDARY DIAGNOSIS	1.1321	3.40	1	50
411	17	MED	HISTORY OF MALIGNANCY W/O ENDOSCOPY	0.3536	1.00	1	50
412	17	MED	HISTORY OF MALIGNANCY W ENDOSCOPY	1.2061	6.00	1	50
413	17	MED	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W CC	2.0712	7.26	1	50
414	17	MED	OTHER MYELOPROLIF DIS OR POORLY DIFF NEOPL DIAG W/O CC	1.1170	4.47	1	50
415	18	SURG	NO LONGER VALID				
416	18	MED	NO LONGER VALID				
417	18	MED	SEPTICEMIA AGE 0-17	1.5701	6.59	1	50
418	18	MED	POSTOPERATIVE POST-TRAUMATIC INFECTIONS	1.2380	5.62	1	50
419	18	MED	FEVER OF UNKNOWN ORIGIN AGE W CC	1.2196	5.41	1	50
420	18	MED	FEVER OF UNKNOWN ORIGIN AGE W/O CC	0.5844	2.94	1	50
421	18	MED	VIRAL ILLNESS AGE	0.8480	3.45	1	50
422	18	MED	VIRAL ILLNESS FEVER OF UNKNOWN ORIGIN AGE 0-17	0.4726	2.40	1	50
423	18	MED	OTHER INFECTIOUS PARASITIC DISEASES DIAGNOSES	1.2135	5.62	1	50
424	19	SURG	O.R. PROCEDURE W PRINCIPAL DIAGNOSES OF MENTAL ILLNESS	1.9545	7.45	1	50
425	19	MED	ACUTE ADJUSTMENT REACTION PSYCHOSOCIAL DYSFUNCTION	0.8419	3.24	1	50
426	19	MED	DEPRESSIVE NEUROSES	0.9731	3.13	1	50
427	19	MED	NEUROSES EXCEPT DEPRESSIVE	0.7074	3.58	1	50
428	19	MED	DISORDERS OF PERSONALITY IMPULSE CONTROL	1.1580	4.09	1	50

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429	19	MED	ORGANIC DISTURBANCES MENTAL RETARDATION	1.0487	5.77	1	50
430	19	MED	PSYCHOSES	0.8274	3.80	1	50
431	19	MED	CHILDHOOD MENTAL DISORDERS	0.7019	3.32	1	50
432	19	MED	OTHER MENTAL DISORDER DIAGNOSES	1.1134	8.73	1	50
433	20	MED	ALCOHOL/DRUG ABUSE OR DEPENDENCE, LEFT AMA	0.5106	2.10	1	50
434	20	MED	NO LONGER VALID				
435	20	MED	NO LONGER VALID				
436	20	MED	NO LONGER VALID				
437	20	MED	NO LONGER VALID				
438	20	MED	NO LONGER VALID				
439	21	SURG	SKIN GRAFTS FOR INJURIES	3.2114	11.65	1	50
440	21	SURG	WOUND DEBRIDEMENTS FOR INJURIES	2.6001	9.98	1	50
441	21	SURG	HAND PROCEDURES FOR INJURIES	1.1817	2.98	1	50
442	21	SURG	OTHER O.R. PROCEDURES FOR INJURIES W CC	3.4077	9.81	1	50
443	21	SURG	OTHER O.R. PROCEDURES FOR INJURIES W/O CC	1.1591	2.83	1	50
444	21	MED	TRAUMATIC INJURY AGE W CC	0.9333	2.70	1	50
445	21	MED	TRAUMATIC INJURY AGE W/O CC	0.6374	1.99	1	50
446	21	MED	TRAUMATIC INJURY AGE 0-17	0.5020	1.80	1	50
447	21	MED	ALLERGIC REACTIONS AGE	0.5424	2.05	1	50
448	21	MED	ALLERGIC REACTIONS AGE 0-17	0.4720	1.71	1	50
449	21	MED	POISONING TOXIC EFFECTS OF DRUGS AGE W CC	1.2390	3.18	1	50
450	21	MED	POISONING TOXIC EFFECTS OF DRUGS AGE W/O CC	0.5376	1.63	1	50
451	21	MED	POISONING TOXIC EFFECTS OF DRUGS AGE 0-17	0.5372	1.98	1	50
452	21	MED	COMPLICATIONS OF TREATMENT W CC	1.3668	5.25	1	50
453	21	MED	COMPLICATIONS OF TREATMENT W/O CC	0.7259	2.86	1	50
454	21	MED	OTHER INJURY, POISONING TOXIC EFFECT DIAG W CC	1.3288	4.86	1	50
455	21	MED	OTHER INJURY, POISONING TOXIC EFFECT DIAG W/O CC	0.4990	2.98	1	50
456	22	MED	NO LONGER VALID				
457	22	MED	NO LONGER VALID				
458	22	SURG	NO LONGER VALID				
459	22	SURG	NO LONGER VALID				
460	22	MED	NO LONGER VALID				
461	23	SURG	O.R. PROC W DIAGNOSES OF OTHER CONTACT W HEALTH SERVICES	1.3094	4.35	1	50
462	23	MED	REHABILITATION	2.4917	13.33	3	50
463	23	MED	SIGNS SYMPTOMS W CC	0.8969	4.22	1	50
464	23	MED	SIGNS SYMPTOMS W/O CC	0.5145	2.14	1	50
465	23	MED	AFTERCARE W HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	0.9933	1.00	1	50
466	23	MED	AFTERCARE W/O HISTORY OF MALIGNANCY AS SECONDARY DIAGNOSIS	0.7892	3.24	1	50
467	23	MED	OTHER FACTORS INFLUENCING HEALTH STATUS	0.4873	2.37	1	50
468		SURG	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	0.0000	0.00	0	0
469		**	PRINCIPAL DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS	0.0000	0.00	0	0
470		**	UNGROUPABLE	0.0000	0.00	0	0
471	8	SURG	BILATERAL OR MULTIPLE MAJOR JOINT PROCS OF LOWER EXTREMITY	4.4271	8.18	2	50
472	22	SURG	NO LONGER VALID				
473	17	MED	ACUTE LEUKEMIA W/O MAJOR O.R. PROCEDURE AGE	6.2505	17.25	1	50
474	4	SURG	NO LONGER VALID				
475	4	MED	NO LONGER VALID				
476		SURG	PROSTATIC O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	1.2432	4.00	1	50
477		SURG	NON-EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	2.3683	8.94	1	50
478	5	SURG	NO LONGER VALID				
479	5	SURG	OTHER VASCULAR PROCEDURES W/O CC	2.2791	4.26	1	50
480	PRE	SURG	LIVER TRANSPLANT AND/OR INTESTINAL TRANSPLANT	Paid Percent of Charge			
481	PRE	SURG	BONE MARROW TRANSPLANT	Paid Percent of Charge			
482	PRE	SURG	TRACHEOSTOMY FOR FACE, MOUTH NECK DIAGNOSES	4.2827	12.27	1	50
483	PRE	SURG	NO LONGER VALID				
484	24	SURG	CRANIOTOMY FOR MULTIPLE SIGNIFICANT TRAUMA	4.9416	7.63	1	50
485	24	SURG	LIMB REATTACHMENT, HIP AND FEMUR PROC FOR MULTIPLE SIGNIFICANT TRAUMA	6.6785	12.56	3	50
486	24	SURG	OTHER O.R. PROCEDURES FOR MULTIPLE SIGNIFICANT TRAUMA	5.8410	12.11	1	50
487	24	MED	OTHER MULTIPLE SIGNIFICANT TRAUMA	2.4342	6.82	1	50
488	25	SURG	HIV W EXTENSIVE O.R. PROCEDURE	6.4168	20.04	5	50
489	25	MED	HIV W MAJOR RELATED CONDITION	2.4632	10.49	1	50
490	25	MED	HIV W OR W/O OTHER RELATED CONDITION	1.2999	5.74	1	50

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491	8	SURG	MAJOR JOINT LIMB REATTACHMENT PROCEDURES OF UPPER EXTREMITY	2.0708	4.00	1	50
492	17	MED	CHEMOTHERAPY W ACUTE LEUKEMIA OR W USE OF HI DOSE CHEMOAGENT	1.3546	5.05	1	50
493	7	SURG	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W CC	1.8759	4.94	1	50
494	7	SURG	LAPAROSCOPIC CHOLECYSTECTOMY W/O C.D.E. W/O CC	1.2940	2.51	1	50
495	PRE	SURG	LUNG TRANSPLANT	Paid Percent of Charge			
496	8	SURG	COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	8.1588	11.27	2	50
497	8	SURG	SPINAL FUSION EXCEPT CERVICAL W CC	4.2809	7.32	2	50
498	8	SURG	SPINAL FUSION EXCEPT CERVICAL W/O CC	3.2070	4.02	1	50
499	8	SURG	BACK NECK PROCEDURES EXCEPT SPINAL FUSION W CC	1.9487	4.79	1	50
500	8	SURG	BACK NECK PROCEDURES EXCEPT SPINAL FUSION W/O CC	0.9912	1.92	1	50
501	8	SURG	KNEE PROCEDURES W PDX OF INFECTION W CC	3.9794	17.44	4	50
502	8	SURG	KNEE PROCEDURES W PDX OF INFECTION W/O CC	2.0629	7.73	2	50
503	8	SURG	KNEE PROCEDURES W/O PDX OF INFECTION	1.4767	2.76	1	50
504	22	SURG	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/SKIN GFT	22.0837	37.72	8	70
505	22	MED	EXTEN. BURNS OR FULL THICKNESS BURN W/MV 96+HRS W/O SKIN GFT	4.0424	8.69	1	50
506	22	SURG	FULL THICKNESS BURN W SKIN GRAFT OR INHAL INJ W CC OR SIG TRAUMA	6.9067	21.26	3	62
507	22	SURG	FULL THICKNESS BURN W SKIN GRFT OR INHAL INJ W/O CC OR SIG TRAUMA	2.8598	8.84	1	50
508	22	MED	FULL THICKNESS BURN W/O SKIN GRFT OR INHAL INJ W CC OR SIG TRAUMA	1.6445	6.26	2	50
509	22	MED	FULL THICKNESS BURN W/O SKIN GRFT OR INH INJ W/O CC OR SIG TRAUMA	0.5368	2.45	1	50
510	22	MED	NON-EXTENSIVE BURNS W CC OR SIGNIFICANT TRAUMA	2.1055	6.72	1	50
511	22	MED	NON-EXTENSIVE BURNS W/O CC OR SIGNIFICANT TRAUMA	0.9860	3.58	1	50
512	PRE	SURG	SIMULTANEOUS PANCREAS/KIDNEY TRANSPLANT	Paid Percent of Charge			
513	PRE	SURG	PANCREAS TRANSPLANT	Paid Percent of Charge			
514	5	SURG	NO LONGER VALID				
515	5	SURG	CARDIAC DEFIBRILLATOR IMPLANT W/O CARDIAC CATH	8.4887	7.51	1	50
516	5	SURG	NO LONGER VALID				
517	5	SURG	NO LONGER VALID				
518	5	SURG	PERC CARDIO PROC W/O CORONARY ARTERY STENT OR AMI	1.7329	2.27	1	50
519	8	SURG	CERVICAL SPINAL FUSION W CC	3.1917	7.29	1	50
520	8	SURG	CERVICAL SPINAL FUSION W/O CC	1.7121	2.10	1	50
521	20	MED	ALCOHOL/DRUG ABUSE OR DEPENDENCE W CC	1.1051	4.93	1	50
522	20	MED	ALC/DRUG ABUSE OR DEPEND W REHABILITATION THERAPY W/O CC	0.0000	0.00	0	0
523	20	MED	ALC/DRUG ABUSE OR DEPEND W/O REHABILITATION THERAPY W/O CC	0.5318	2.38	1	50
524	1	MED	TRANSIENT ISCHEMIA	0.9185	3.14	1	50
525	5	SURG	OTHER HEART ASSIST SYSTEM IMPLANT	18.3802	13.75	1	81
526	5	SURG	NO LONGER VALID				
527	5	SURG	NO LONGER VALID				
528	1	SURG	INTRACRANIAL VASCULAR PROC W PDX HEMORRHAGE	8.2049	15.17	2	50
529	1	SURG	VENTRICULAR SHUNT PROCEDURES W CC	2.3145	6.34	1	50
530	1	SURG	VENTRICULAR SHUNT PROCEDURES W/O CC	1.3599	3.48	1	50
531	1	SURG	SPINAL PROCEDURES W CC	4.2916	11.71	1	50
532	1	SURG	SPINAL PROCEDURES W/O CC	2.5519	5.09	1	50
533	1	SURG	EXTRACRANIAL PROCEDURES W CC	2.1251	4.00	1	50
534	1	SURG	EXTRACRANIAL PROCEDURES W/O CC	1.6334	2.69	1	50
535	5	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W AMI/HF/SHOCK	10.6715	13.63	3	50
536	5	SURG	CARDIAC DEFIB IMPLANT W CARDIAC CATH W/O AMI/HF/SHOCK	10.0565	9.14	2	50
537	8	SURG	LOCAL EXCIS REMOV OF INT FIX DEV EXCEPT HIP FEMUR W CC	3.1163	10.03	1	50
538	8	SURG	LOCAL EXCIS REMOV OF INT FIX DEV EXCEPT HIP FEMUR W/O CC	1.3473	3.12	1	50
539	17	SURG	LYMPHOMA LEUKEMIA W MAJOR OR PROCEDURE W CC	5.1552	16.09	1	50
540	17	SURG	LYMPHOMA LEUKEMIA W MAJOR OR PROCEDURE W/O CC	1.4676	3.54	1	50
541	PRE	SURG	ECMO OR TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH NECK W MAJ O.R.	24.3914	44.57	6	82
542	PRE	SURG	TRACH W MV 96+HRS OR PDX EXC FACE, MOUTH NECK W/O MAJ O.R.	16.3042	38.62	5	74
543	1	SURG	CRANIOTOMY W MOJOR DEVICE IMPLANT OR ACUTE COMPLEX CNS PRINCIPAL DIAGNOSIS	6.2349	14.07	1	50
544	8	SURG	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	2.9021	5.09	2	50
545	8	SURG	REVISION OF HIP OR KNEE REPLACEMENT	3.0492	5.69	1	50
546	8	SURG	SPINAL FUSION EXC CERV WITH CURVATURE OF THE SPINE OR MALIG	5.8087	7.91	2	50
547	5	SURG	CORONARY BYPASS W CARDIAC CATH W MAJOR CV DX	6.0970	11.46	5	50
548	5	SURG	CORONARY BYPASS W CARDIAC CATH W/O MAJOR CV DX	5.1523	9.08	4	50
549	5	SURG	CORONARY BYPASS W/O CARDIAC CATH W MAJOR CV DX	4.2694	7.96	2	50
550	5	SURG	CORONARY BYPASS W/O CARDIAC CATH W/O MAJOR CV DX	3.6964	6.38	3	50
551	5	SURG	PERMANENT CARDIAC PACEMAKER IMPL W MAJ CV DX OR AICD LEAD OR GNRTR	4.1738	7.97	1	50
552	5	SURG	OTHER PERMANENT CARDIAC PACEMAKER IMPLANT W/O MAJOR CV DX	3.2364	4.00	1	50

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Version 24.0**

DRG	MDC	TYPE	DRG TITLE	Relative Weight	Avg LOS	Low Day	High Day
553	5	SURG	OTHER VASCULAR PROCEDURES W CC W MAJOR CV DX	4.0759	11.64	1	50
554	5	SURG	OTHER VASCULAR PROCEDURES W CC W/O MAJOR CV DX	3.0197	7.85	1	50
555	5	SURG	PERCUTANEOUS CARDIOVASCULAR PROC W MAJOR CV DX	2.7527	3.87	1	50
556	5	SURG	PERCUTANEOUS CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MAJ CV DX	2.2643	2.21	1	50
557	5	SURG	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG- ELUTING STENT W MAJOR CV DX	3.8632	4.30	1	50
558	5	SURG	PERCUTANEOUS CARDIOVASCULAR PROC W DRUG- ELUTING STENT W/O MAJ CV DX	3.6135	2.36	1	50
559	1	MED	ACUTE ISCHEMIC STROKE WITH USE OF THROMBOLYTIC AGENT	2.5248	6.64	1	50
560	1	MED	BACTERIAL TUBERCULOUS INFECTIONS OF NERVOUS SYSTEM	3.5654	12.20	1	50
561	1	MED	NON-BACTERIAL INFECTIONS OF NERVOUS SYSTEM EXCEPT VIRAL MENINGITIS	2.4503	9.66	1	50
562	1	MED	SEIZURE AGE 17 W CC	1.2800	4.83	1	50
563	1	MED	SEIZURE AGE 17 W/O CC	0.7292	2.73	1	50
564	1	MED	HEADACHES AGE	0.8035	3.19	1	50
565	4	MED	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96+ HOURS	6.7458	17.14	4	50
566	6	MED	RESPIRATORY SYSTEM DIAGNOSIS WITH VENTILATOR SUPPORT 96 HOURS	2.5462	6.43	1	50
567	6	SURG	STOMACH, ESOPHAGEAL DUODENAL PROC AGE 17 W CC W MAJOR GI DX	5.1544	13.22	1	50
568	6	SURG	STOMACH, ESOPHAGEAL DUODENAL PROCEDURES PROC AGE 17 W CC W/O MAJOR GI DX	3.8778	13.31	2	50
569	6	SURG	MAJOR SMALL LARGE BOWEL PROCEDURES W CC W MAJOR GI DX	4.5336	13.82	2	50
570	6	SURG	MAJOR SMALL LARGE BOWEL PROCEDURES W CC W/O MAJOR GI DX	3.6559	12.83	3	50
571	6	MED	MAJOR ESOPHAGEAL DISORDERS	1.4939	4.47	1	50
572	8	MED	MAJOR GASTROINTESTINAL DISORDERS AND PERITONEAL INFECTIONS	1.5656	6.62	1	50
573	11	SURG	MAJOR BLADDER PROCEDURES	3.3737	10.31	1	50
574	16	MED	MAJOR HEMATOLOGIC/IMMUNOLOGIC DIAG EXC SICKLE CELL CRISIS COAGUL	1.4480	5.00	1	50
575	18	MED	SEPTICEMIA W MV96+ HOURS AGE	6.3591	14.73	3	50
576	18	MED	SEPTICEMIA W/O MV96+ HOURS AGE	2.0827	8.41	1	50
577	1	SURG	CAROTID ARTERY STENT PROCEDURE	2.4515	3.20	1	50
578	18	SURG	INFECTIOUS PARASITIC DISEASES W OR PROCEDURE	5.1643	17.67	2	50
579	18	SURG	POSTOPERATIVE OR POST-TRAUMATIC INFECTIONS W OR PROCEDURE	3.3109	13.35	1	50